Psychiatric Briefs

Risperidone Augmentation of Selective Serotonin Reuptake Inhibitors in Major Depression

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Background: At low doses, risperidone acts as a 5-HT_2 antagonist. Preclinical data suggest 5-HT_2 antagonists may enhance the action of serotonin. This report examines the clinical use of risperidone to augment selective serotonin reuptake inhibitor (SSRI) antidepressants in patients who have not responded to SSRI therapy. ***Method:*** In 8 patients with major depressive disorder without psychotic features (DSM-IV) who had not responded to an SSRI, risperidone was added to the ongoing SSRI treatment. Hamilton Rating Scale for Depression scores were obtained before and after the addition of risperidone. ***Results:*** These 8 patients remitted within 1 week of the addition of risperidone. Risperidone also appeared to have beneficial effects on sleep disturbance and sexual dysfunction. ***Conclusion:*** Risperidone may be a useful adjunct to SSRIs in the treatment of depression.

(J Clin Psychiatry 1999;60:256–259)

Clinical Experience With Gabapentin in Patients With Bipolar or Schizoaffective Disorder: Results of an Open-Label Study

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Background: This study was carried out to evaluate the efficacy, tolerability, and safety of gabapentin as an adjunctive treatment in patients with bipolar or schizoaffective disorder with manic or hypomanic symptoms. ***Method:*** Twenty-five patients fulfilling DSM-IV diagnostic criteria for bipolar I disorder or schizoaffective disorder underwent a 16-week, open-trial treatment with gabapentin. Symptom severity was measured using the Clinical Global Impressions scale (CGI) and the Brief Psychiatric Rating Scale (BPRS). Baseline scores and final scores were compared by using the Student t test and the Friedman range variance analysis. ***Results:*** Twenty-two patients (88%) completed the 16 weeks of treatment with gabapentin; 19 (76%) had a positive response as measured by changes in CGI and BPRS scores. The mean dose was 1440 mg/day. The only side effect observed was oversedation, which decreased with continuing treatment. ***Conclusion:*** Gabapentin was effective in the treatment of mania and hypomania in patients with bipolar and schizoaffective disorders. If confirmed in controlled studies, these findings suggest that gabapentin represents a well-tolerated, rapidly acting antimanic agent.

(J Clin Psychiatry 1999;60:245–248)

The Adverse Effect Profile and Efficacy of Divalproex Sodium Compared With Valproic Acid: A Pharmacoepidemiology Study

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Background: Divalproex sodium has been reported to be better tolerated than valproic acid. To our knowledge, no study has examined whether significant differences in the tolerability and efficacy exist between these preparations in psychiatric patients. The objective of the present study was to compare the tolerability and efficacy of divalproex sodium with those of valproic acid in psychiatric inpatients. ***Method:*** Information gathered retrospectively from the medical records of 150 patients treated with divalproex sodium was compared with that of 150 patients treated with valproic acid. These medical records were photocopied, and any mention of divalproex sodium or valproic acid treatment was concealed. A series of demographic and clinical characteristics were compared. ***Results:*** Patients treated with divalproex sodium compared with patients treated with valproic acid were less likely to have gastrointestinal side effects (14.7% vs. 28.7%, p = .003), specifically anorexia (6.0% vs. 14.7%, p = .012), nausea or vomiting (6.7% vs. 16.7%, p = .007), and dyspepsia (11.3% vs. 22.0%, p = .013). Divalproex sodium–treated patients compared with valproic acid–treated patients were less likely to have discontinued their medication because of side effects (4.0% vs. 12.7%, p = .0066). Twelve (63.2%) of 19 patients who discontinued valproic acid because of gastrointestinal side effects were subsequently treated with divalproex sodium, of whom only 2 continued to have gastrointestinal side effects. There were no differences in efficacy between the 2 drugs. ***Conclusion:*** Divalproex sodium was better tolerated than valproic acid in inpatients with a variety of diagnoses and taking concomitant medications. Patients treated with divalproex sodium compared with patients treated with valproic acid were less likely to experience gastrointestinal side effects and to have discontinued their medication because of an adverse event.

(J Clin Psychiatry 1999;60:232–236)